

BIRTHDAY PARTY ACTIVITY WAIVER



IF POSSIBLE, PLEASE COMPLETE THIS FORM ONLINE. SIMPLY SCAN THE QR CODE ABOVE

Name/s of Child/ren

I, _____ (parent/guardian name) agree to the following:

- I acknowledge that participation in activity programs delivered by Bungee Fitness Australia involve certain risks. I accept that, despite precautions being taken by Bungee Fitness Australia staff, accidents and incidents causing physical injury may occur.
- I declare my child/ren physically and medically fit, free from impairment and able to reasonably participate in the chosen activities. All details relating to my child/ren's medical, physical or management needs that are relevant to the care of my child/ren by Bungee Fitness staff and/or that may affect my child/ren's participation are listed below:

Name of Child/ren

Medical condition/Disability/Allergy/Injury/Other

- By signing this form, I, on behalf of my child/ren, agree to release, waive and discharge Bungee Fitness Australia and its employees/contractors from liability for any personal injury that they may experience, and/or property loss/damage, arising from participation in Bungee Fitness Australia birthday party activities.
- I understand that Bungee Fitness Australia may need to contact me in the event of an accident, injury or illness. I agree to collect or make arrangements for the collection of my child/ren if he/she becomes unwell during their visit.

Contact Name

Phone

- I give permission for my child/ren to be photographed/filmed during participation in activities at Bungee Fitness Australia for Bungee Fitness Australia promotional purposes. (optional)

Signature of parent/guardian

Date
